R-9023 (2/04)
TO
Louisiana Department of Revenue

Oil and/or Condensate Parish Summary (01-S) Louisiana Department of Revenue P.O. Box 201 Baton Rouge, Louisiana 70821-0201 (225) 219-7656 (225) 219-2114 (TDD)

FOR	OFFICE	USF	ONLY

			Fi	eld fla	ıg	

FUR	OFF	ICE	USE	ONLY.		

Account ID (10 digit BMF #)
Address 1 Address 2 Address 3 Address 4
Reporting Company ID (5 digit Severance #)

If amended return,

mark circle.

If your address has

changed, mark circle.

Taxable period

Summary		Tax Rate	Taxable Barrels	Tax Amount Due			
	Code	% of Value					
Totals, Full Rate-Oil & Condensate	1	12.5%		\$			
Totals, Half Rate-Incapable Oil	2	6.25%		\$			
Totals, Quarter Rate-Stripper Oil	3	3.125%		\$			
Totals, Reclaimed Oil	9	3.125%		\$			
Produced Water Injection Incentive – Approved Projects Only							
Totals, Produced Water-full Rate	1P	10.0%		\$			
Totals, Produced Water-Incapable Oil Rate	2P	5.0%		\$			
Totals, Produced Water-Stripper Oil Rate	3P	2.5%		\$			
Total interest and penalty	6			\$			
GRAND TOTAL				\$			

If your name has

changed, mark circle.

Under the penalties of perjury, I declare that I have examined this return, including all accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete. If the								
return is prepared by a person other than the taxpayer, his declaration is based on all the information relating to the matters required to be reported in the return of which he has any knowledge.								
Date	Signature			Signature of preparer other than taxpayer		Preparer ID		
falls on a weekend or ho	This return is due on or before the last day of the month following the taxable period and becomes delinquent the first day thereafter. If due date falls on a weekend or holiday, the return is due on the first business day following the due date and becomes delinquent the first day thereafter. See special instructions for additional filing requirements for taxpayers with liabilities equal to or in excess of \$15,000.							
Complete only if change in business status has occurred. Please print or type.								
Date business discontinu	ied	Date business sold	Name of purch	aser				



If final return,

mark circle.

Revenue Account	: Number (10 digit BMF #
Reporting Compa	ny ID (5 digit)

٠	Taxa	n	\sim	\sim	V1/	\sim

Parish Code	rish Parish Name ode	Tax Rate Code	Taxable Barrels	Total Amount Due	
			\$		
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

